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The WIC Exchange

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Ideas To Help Nutrition
Educators Help Clients



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Note to Reader

This publication will help you plan, implement, and evaluate nutrition education. It gives positive examples of nutrition education services from other WIC programs. Use or adapt these suggestions and ideas to provide nutrition education that best meets your clients' needs.

Chapters and subsections are marked so you can easily locate information. Boxes marked with a  contain ideas to consider. Since it is not possible in a publication of this length to provide an indepth discussion of every issue, use the suggested reading list in the appendix as a reference for additional information.

We are interested in your response to this publication. After reading it, will you please complete the evaluation questionnaire on the last page? It will help us determine the manual's usefulness and improve future manuals of this type.



Introduction

Nutrition education means giving clients knowledge and skills to help them make healthy food choices. Whether you are a nutritionist, dietitian, or trained nutrition educator, this manual is designed to help you become more effective in teaching nutrition to your WIC clients and to their caregivers.

WIC nutrition education is a program benefit intended to achieve both short- and long-term goals.

Short-term goals are to:

- Help clients understand the strong relationship between proper nutrition and good health.
- Help clients make positive changes in their food and eating habits by showing them how to make the best use of their WIC supplemental foods and other foods.

Long-term goals are to:

- Help clients improve their nutritional status.
- Help them prevent future nutrition-related health problems.

Reaching these goals requires you to match your WIC nutrition education services with your clients' needs and interests.



Working With Clients: A Marketing Approach

Marketing strategies work to match your services with client needs, making your program more appealing to your clients. Applying basic marketing strategies such as “marketing research and information gathering,” “segmentation,” “positioning,” and “development of the marketing mix” can make your nutrition education program more effective. The sections that follow will define these strategies in the context of the WIC Program.

People are generally motivated by benefits. Clients will be more open to learning and accepting your nutrition education message if they can see some direct benefit for themselves. The more attractive and desirable you make your program to clients, the greater the chance for a positive response. Even the best information will be tuned out by clients if presented in a dull package irrelevant to them. Conversely, technical information can attract your clients’ attention if you present it in an understandable and interesting way that appeals to their needs.

It may be helpful to think of nutrition education as an exchange between you and the client. You give and receive something and so does your client. Ask yourself the following questions during your next client interview:

- What am I contributing? (energy, empathy, knowledge, time)
- What is the client contributing? (time, information, appreciation)
- What is the client receiving? (Ask clients for their point of view)
- What am I receiving?

You might wonder about that last question, but it is important to know what you are expecting to get in return for helping the client. It may be continued employment, professional achievement, or the satisfaction of helping others. How much you are willing to give to your client is related to what you are expecting to receive in return. The same holds true for clients. The next section shows how you can find out what they want and need in return for their participation.

Gathering Marketing Information and Using Marketing Research

Marketing research and information gathering simply involve finding out what is important to your clientele in terms of what nutrition education and how, when, and where they receive it. This is accomplished by taking every opportunity to listen to what clients are saying about themselves and your program.

Staying Tuned in to Clients

A successful educator listens to clients to become attuned to their various needs, interests, beliefs, and cultural backgrounds. Addressing these factors will help you make appropriate recommendations.

Some of your recommendations might be the same for all clients of a certain category; for example, pregnant women need additional calories. However, **how** you present your recommendation needs to be tailored for each individual. Some women may worry more about gaining too much weight than about delivering a normal-weight baby.

How do you know what approach to use with your clients? You:

- ask questions
- listen to responses
- keep track of what you hear
- plan programs with the client in mind

This personalized approach shows that you care about the individual. Taking the time to gather and use information about your clients can increase their satisfaction with nutrition education and lead to a more effective education program.

When meeting with your client, ask questions that will provide descriptive responses rather than a simple yes or no. For example, "What do you eat for a bedtime snack?" rather than "Do you eat a bedtime snack?" Make sure your client feels comfortable answering truthfully. Being neutral and nonjudgmental when listening and responding will help. Ask hypothetical questions if needed to get a response (for example, "If your mom fixed you a bedtime snack, what would it be?"), but don't put her on the spot. Let her know that there are no right or wrong answers.

Getting to know your clients and what influences their behavior can help you decide where to start with them. It can also help in setting realistic goals that state what **they** will do. Ways to know your client include active listening in education sessions, asking clients directly, talking with community leaders and other health care providers, as well as reviewing surveys and community-based data. The next section will provide additional suggestions to help you know your clients.



Showing You Care Through Client Recognition

- Display a “client recognition bulletin board” in a prominent location with the name of WIC clients who have achieved something, e.g., earned a diploma; or deserve special recognition, e.g., received job promotion. Acknowledging these successes shows caring and provides opportunities for nutrition education. (Miami County WIC Clinic, OH)
- Give a “Health Promotion Award” each year to a child who has made outstanding improvements in health through participation in WIC and referrals, and include media coverage for presentation of the award. (Vinton County WIC Program, OH)
- Give diplomas tied with pink and blue ribbons for clients who complete a series of prenatal classes. (Day Kimball Hospital WIC Program, CT)
- Take and display pictures of WIC infants who were weaned from the bottle by 1 year as a positive reinforcement for good oral health practices. (Rosebud Sioux Tribe, SD)
- Use a monthly WIC newsletter to thank WIC clients for their patience during clinic visits and to remind them of ways they can help to make their visits smoother. (Allegany County Health Department, MD)

Using Client Feedback To Plan and Improve Nutrition Education

Clients are the most valuable information source in your nutrition education program. Take time to listen to what they say. There are both informal and formal ways to get feedback from your clients.

Informal:

- Take note of routine communications, such as phone calls, waiting room inquiries, or overheard conversations among clients. These can help identify potential or existing opportunities as well as problems in content, scheduling, or in the way your program is run.
- Observe clients’ conversations and body language for clues to how they are receiving what you tell them.
- Talk with clinic clerks and other clinic staff for insight into what clients say about the nutrition education they receive.

Formal:

- Survey clients to find out how they feel about your WIC nutrition education program. For example, ask questions about:
 - different topics, formats, and instructional aids they would like
 - what they liked most and least about nutrition education
 - what made it difficult or easy to attend nutrition education sessions
 - scheduling options: day of week, time of day, length of sessions
 - how useful they found the nutrition education they received
 - which persons were most helpful in providing nutrition information
 - their major nutrition concerns
- Focus groups are another effective way to get clients' reactions to your program. Focus groups generate discussions among clients allowing you to listen to concerns, concepts, and ideas from the client's point of view. The objective is to stimulate spontaneous discussion among clients, with the moderator there only to initiate and focus the discussion. Otherwise, just listen to the exchange.

Focus groups usually provide more information than one-on-one interviews. Clients often feel more comfortable in sharing their true feelings when they are among others who have had similar experiences. Leading a focus group requires some practice and should be done by a person knowledgeable in group dynamics and communication.



Acknowledging the Value of Client Input

Publish results of client surveys in a monthly WIC newsletter to provide feedback to clients and to thank them for their suggestions for program improvement. (Strafford County WIC Program, NH)



Targeting Clients (Segmentation)

Segmentation is a process that helps you understand and deliver what clients want by grouping clients who are similar to each other in significant ways such as:

- the benefits they want to receive
- their ages, geographic location, or level of education
- their lifestyle
- their attitude towards health
- their cultural beliefs and practices, etc.
- their nutritional risk condition

Segmenting nutrition education prevents you from trying to be all things to all people in your program. WIC clients are to some extent already segmented because of categorical eligibility requirements. They are low-income women, infants, and children at nutritional risk. However, within those categories there are other important characteristics for you to consider that will help focus nutrition education that meets their needs. Nutrition education sessions designed for pregnant teens, anemic children, overweight postpartum women, Haitian clients, clients without cooking facilities, etc., are all examples of segmentation that can help to target your messages.

Creating a Program Image (Positioning)

Positioning is a valuable marketing strategy that can help you plan the nutrition education messages that are delivered and create a positive image of your nutrition education program in the eyes of your clients. Clients' responses to nutrition education will vary according to whether they view it as "boring," "important," "practical," or "useful." Create and maintain an image for your nutrition education program that motivates clients to participate. Images are created through advertising, written and verbal communication with clients, and the physical clinic environment as well as the content of your program. Make sure all contacts with the client support the image you want for your program.

To position your program well:

- Base the position or image on what clients tell you is important to them.
- Keep the position or image simple.
- Develop a position that is unique and not overused.



Positive WIC Images

- "Breastfed is Best fed" and "WIC Works Wonders." (District of Columbia WIC Program)
- PSA's that describe WIC nutrition education as "fun programs to help you plan meals and cook exciting foods." (Allegany County Health Department, MD)

Developing the Marketing Mix

Creating an effective marketing mix is a basic strategy also useful in developing your nutrition education program. The marketing mix consists of the "four P's": **P**lace, **P**roduct, **P**rice, and **P**romotion. The key to promoting a successful program is to closely match these

elements with your client's needs. This is how the "four P's" relate to the WIC setting:

Place

Creating a positive physical environment is essential to effective nutrition education. The place you use and its appearance will influence learning. To the extent possible, let your clients tell you where they prefer to receive nutrition education, what the setting should look like, and what times of the day and week are best for them. For example, a client could have a negative attitude about school as a result of past experiences. If this is the case, nutrition education taught classroom style will only turn that client off to the entire program. Likewise, individual nutrition counseling that does not provide any privacy might distract clients, convey disrespect, and limit their learning.

The more accessible a nutrition education program is, the more positive client response will be. If your clients find it difficult to attend nutrition education sessions at your WIC clinic, try moving them to:

- local churches
- libraries
- civic centers
- grocery stores



Removing Barriers to Nutrition Education

- Coordinate WIC appointments with monthly food pickups of the Food Distribution Program on Indian Reservations. (Inter-Tribal Council, OK)
- Hold Saturday clinics to help working mothers participate in WIC and also to ease the workload of a busy clinic. (Washoe County Health Department, NV)
- Provide WIC check issuance and nutrition education in food stamp offices. (Walton County WIC Program, FL)
- Decorate the room used for breastfeeding classes with comfortable couches, pillows, etc., to be especially appealing to pregnant women and new mothers. (Cheyenne WIC Program, WY)

Product

In nutrition education, the product is the nutrition education message delivered through pamphlets, flyers, and recipes as well as individual counseling, group teaching, demonstrations, and so forth. The success of your product depends on how well you and your program address the needs, abilities, and interests of clients. Do they read? Do they like group classes, videos, etc.? Ask them. For example, Ms. Smith loves to cook and, therefore, learns well through the use of cooking demonstrations. Ms. Jones, on the other hand, dislikes cooking but likes hints on how to grocery shop and enjoys an education session that includes a food coupon swap.

Price

Although WIC clients do not pay for nutrition education, they can still incur costs by participating. Hidden costs may include transportation, child care, or time away from other activities, particularly unpaid leave from a job in order to attend a session. Even when there are no dollar costs involved, you should consider nonmonetary costs, such as client effort and time commitment. To maximize participation in nutrition education, keep the costs low and make it of high value to clients.

Incorporate flexible scheduling into your program. Choose convenient times for clients. Plan sessions to begin right before or after voucher pickups, medical appointments, or other scheduled activities that bring clients to the clinic. Clients save time and money by making only one trip on a given day.

Promotion

Promotion involves letting clients know what your education program offers that they need and want. For example, you want to promote breastfeeding because of the benefits it will provide to the infant. However, the client may be willing to try it if it can help her regain her prepregnancy figure. In this case, getting back into shape should be highlighted as part of your breastfeeding promotion.

Choose a format and title for nutrition education that captures clients' attention and makes them want to attend. As previously mentioned, the word "class" may have negative connotations from previous experiences. Being invited to attend a nutrition fair or picnic may be much more appealing than being invited to attend a class.

Remember that the closer the match of price, product, and place to the clients' needs, the easier promotion becomes.



Decreasing the Costs of Nutrition Education

- Use volunteers to babysit children while mothers attend nutrition education.
- Coordinate WIC services with the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) clinics to reduce the transportation burden since transportation tokens can be provided to persons attending EPSDT clinics. (Florida WIC Program)
- Obtain transportation free of charge for clients coming for WIC services because WIC has been identified as a medically necessary service for Medicaid clients who have no means of transportation. It is available through the local department of social services. (North Carolina WIC Program)

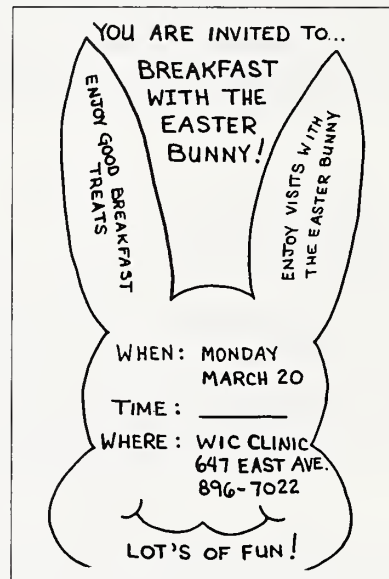
Increasing the Value of Nutrition Education With Incentives

- Give training cups provided by the State health department to infants to promote good dental health. (WY, MD, NJ)
- Sponsor a contest to win a child's T-shirt for clients who correctly complete a questionnaire about WIC foods. (Strafford County Prenatal and Family Planning WIC Program, NH)
- Give insulated mugs (purchased through special grant) to breastfeeding women to encourage fluid intake, reinforce the message that "Breastfed is Best fed," and provide the WIC hotline number. (Children's Hospital National Medical Center, DC)
- Provide door prizes, such as spices and coupons for pizza, donated by local merchants or WIC vendors to clients who participate in nutrition education activities. (Allegany County Health Department, MD)
- Implement a coupon exchange for clients to help make them better consumers and stretch their food dollars. (Wyoming WIC Program)
- Give out recipe books developed by the local agency emphasizing nutritious, low-cost cooking to clients who attend nutrition education sessions.
- Provide infant T-shirts, "I eat at Mom's," to women who attend a breastfeeding class and plan to breastfeed and provide congratulations certificates and T-shirts, "I gave my baby a great start," to women who breastfeed for 6 weeks. (Oregon WIC Program)



Promoting Innovative Nutrition Education

- A "First Annual WIC Fall Festival" was attended by preschoolers and their mothers and provided group education through games, a puppet show, snacks, prizes for the children, and information about dental health. (Athens County WIC Program, OH)
- "Breakfast With the Easter Bunny" taught children (and their parents) about the importance of starting each day with a nutritious meal and provided a photo of each child with the Easter Bunny to take home. (Hamilton City Clinic, OH)



- A "WIC Shower" was organized to provide group nutrition education to prenatal clients. (Windham WIC Program, CT)



- "A Bite of WIC" was offered to WIC clients at a low-income housing site. It included a cooking demonstration, taste testing, recipe pamphlets, nutrition and dental education, prizes from local merchants, and voucher pickup. (Seattle-King County Department of Public Health, WA)

Summary

Using a marketing approach can help you better match clients' needs and interests with WIC nutrition education services. To increase clients' desire and ability to learn:

Gather and use client information.

- Identify the client's interests, needs, and abilities through both formal and informal methods.
- Develop strategies based on what you hear.

Segment clients.

- Develop services that meet the needs of specific groups.

Create a positive environment.

- Make learning enjoyable.
- Choose a place that encourages participation.

Keep costs of nutrition education low.

- Minimize time, transportation, child care, and other costs to attend.
- Offer services at times acceptable to clients.

Develop client-oriented products and services.

- Show care, interest, and respect for the client.
- Involve the client as much as possible.
- Match the client's interests and needs with what you teach.

Promote nutrition education as a valuable benefit.

- Develop a positive position for WIC nutrition education.
- Show how WIC services match what clients need.
- Provide incentives to participate.



Planning and Providing Nutrition Counseling

A Chinese proverb says: **I heard and I forgot
I saw and I remembered
I did and I learned**

The previous chapter emphasized the importance of the “where” and “when” of nutrition education. Equally important aspects of the education you plan for and provide to your clients are the “what” and “how much.” In planning and providing nutrition counseling for your clients, some basic steps are important:

1. **Identify goals** and write performance objectives that identify the skills and desired behavior to be learned.
2. Develop a method to **assess the objectives**.
3. **Develop the content** of the counseling to be provided.
4. **Select the format and materials** for delivering the nutrition education message that will help clients meet objectives.
5. **Evaluate** whether the counseling was provided to clients as you intended, and if objectives were achieved.
6. **Document** the counseling process.

Developing Goals and Objectives

Your goals for clients need to match their needs and interests. Overall goals should be broken down into realistic objectives that state the client’s expected behavior. “Behaviors” reflect desired skills and practices based on knowledge and/or attitudes.

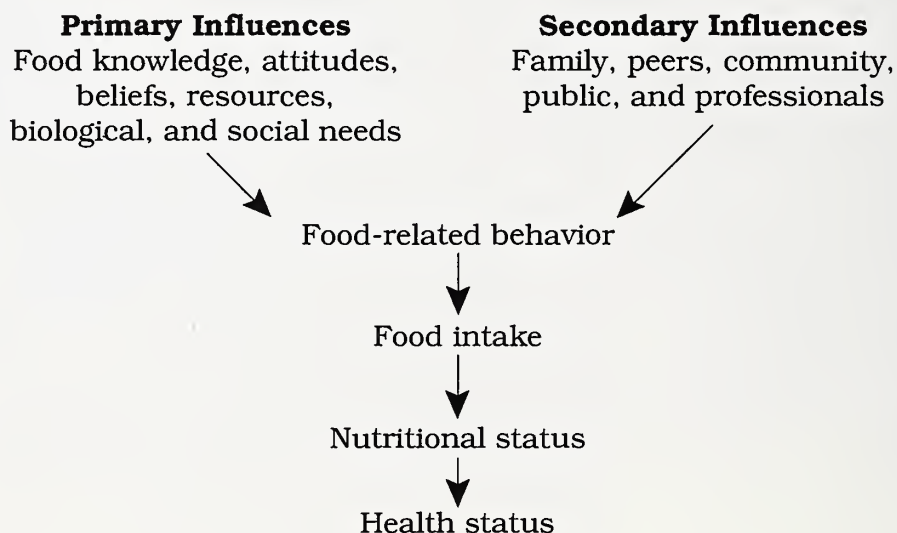
Clients ultimately decide what they will eat. What you can do as an educator is help the client acquire the knowledge and skills to make healthy choices. Then, the rest is up to your client. Remember that clients may not always do what is best for themselves even when they know what is best.

Also, remember that you cannot expect to change a client’s health status after just one or two counseling sessions and that knowledge does not necessarily ensure behavior change. However, food selection changes, such as adding a glass of milk to lunch, may occur as a result of an instruction. Changes are best made by planning and achieving a series of short-term goals, rather than all-or-nothing changes. The number of goals that need to be addressed will dictate the number of educational opportunities you need to offer the client. Step-by-step changes are more likely to be maintained over time. Focus on the simplest, most immediate outcomes first, e.g., ways to reduce morning sickness. As those are achieved, move on to the next level, e.g., eating a balanced prenatal diet adequate in calories.

It is important to find out not only the client's current eating habits but also the main factors influencing those habits. Factors such as taste, convenience, availability of cooking facilities, cost, and cultural norms--as well as health conditions like food allergies--can play an important role in a person's choice of foods.

Other factors may be more influential on an individual's food choices than the health benefits of a nutritious diet. For example, clients facing housing problems or major family crises will probably give diet a low priority. You may need to help or refer these clients to others to find solutions to main problems before you can focus on their diets.

The following diagram illustrates factors affecting a person's food choices:



Develop realistic goals and objectives with your clients. **Be aware** of the built-in limitations of their home environments.

Recommendations that do not address an individual's lifestyle and home environment will not be carried out. For example, if an objective's success depends on positive encouragement from the client's household, it is important to know if such a support system is available. If it is not available, you may have to work with other family members to build support or suggest alternatives for the client to get support. Also, **be sure** that the client has or can obtain some control over food purchasing and food preparation before working on objectives in those areas.

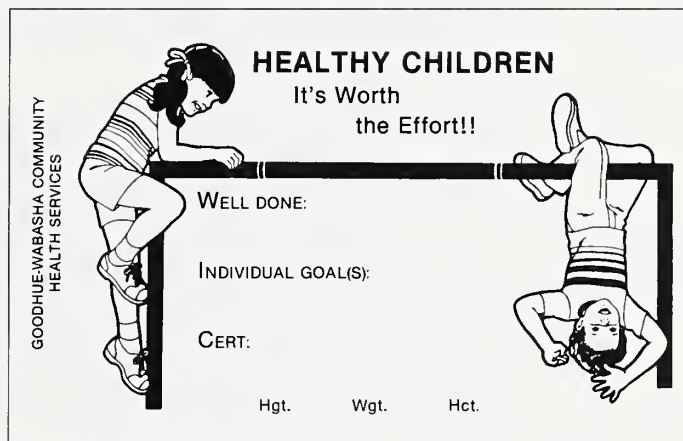
Involve the client in choosing the behavior(s) to change. **Include** some flexibility so the client has a better chance of being successful

rather than setting up absolutes, such as “complete,” “100 percent,” “never.” **Set** objectives to follow a logical sequence of learning. For example, clients should not be expected to eat certain foods until they know which foods to shop for and how to prepare them correctly.



Helping Clients Help Themselves

- Print “goal cards” on self-carboning paper to use in counseling parents so that both the clinic and the parents have a copy as a reminder of the goals to be worked on at home. (Goodhue-Wabasha Community Health Services, MN)



- Offer the nutrition education program, “Help Yourself to Health,” a series of 12 classes and a nutrition self-care center (a room where clients perform basic assessment activities on themselves and/or their children). The program allows clients to assume primary responsibility for their families’ nutrition and health behaviors while enhancing self-image, skills, and knowledge. (Developed by Healthwise Incorporated, ID, and used by Cobb Health District, GA)
- Provide a take-home sheet, “Your Nutrition Prescription,” that identifies the objectives the client has agreed to work on based on individual needs. (Trumbull County WIC Program, OH)
- Simulate a grocery store setting at the local clinic site to allow clients to practice shopping techniques discussed in group instruction. (Cortland County WIC Program, NY)

Finding Ways To Assess Objectives

Once you identify the specific objectives and expectations for your clients, ask yourself how you can assess whether the client has performed the desired behavior. How you assess behavior will depend on your objective(s). Some behavior can be assessed by having the client demonstrate, practice, or simulate it during the session. For example, if the objective is "The client will include three foods in her daily diet that provide good sources of calcium," then the assessment can be having the client tell you or select from a group of foods three calcium-rich foods that she will add to her diet. In order to evaluate your efforts and the client's, a method of assessment needs to be identified for each objective.

Deciding the Content of Nutrition Counseling

Your objectives will decide the content of your counseling. You should consider the following:

1. What each client needs to know and do to address the certifying nutritional risk conditions and to promote a positive nutritional status.
2. What the client wants to know more about.
3. What your client's abilities are to understand the nutrition information presented and to move towards behavior change.

The content should be limited to essential "need to know" information. Try not to overload clients with too much by including the nonessential "nice to know" information. Break down large behavior changes into smaller and simpler tasks that can be accomplished over time.

A change can never be too small. Any change for the better is an important change that deserves praise and recognition. It will reinforce and motivate your clients to continue their efforts.

For example, a pregnant woman who is praised for increasing her daily number of servings of milk products by one will be more willing to try to continue improving her diet than if she is judged a failure for still not having an adequate diet on a followup visit.

Ask clients to practice the skill(s) you want them to learn. A client needs to feel comfortable with the behavior before she will repeat it at home. Practice can include verbal responses, e.g., "What high-iron foods would you be able to give your child for breakfast?" or demonstrations, e.g., "How would you position your baby to nurse?"

As you develop your program's content, remember to keep it flexible enough so that it can be modified to meet the needs of each individual or group. For example, when your basic infant feeding class is filled

with experienced mothers, take advantage of their knowledge and add to it rather than repeat what they already know. A mixed group of experienced and inexperienced clients can help and support each other.

You might sometimes see children as a barrier to effective nutrition education because they can prevent mothers from listening to your message. However, the content can be designed to be of interest to both parents and children. Try planning nutrition education activities, such as tasting parties and games, that can be of interest to both groups. When the content is not appropriate for children, consider finding staff or volunteers to provide child care during nutrition education sessions. Give older children paper, clipboards, crayons, etc., to occupy their time and attention.



Creating Educational Opportunities for Kids

- Use a puppet show, “Garfield’s Garden,” to encourage consumption of vegetables and continue the tradition of planting a home garden by allowing children to plant a pinto bean in a cup and take it home with them. (Jasper-Newton County Health Department, TX)
- Conduct nutrition education activities in a separate room, using a paraprofessional for children 2-1/2 to 5 years of age so that parents can participate in an adult learning activity without distractions. (Livingston County WIC Program, NY)
- Develop a puppet show video, e.g., “Adventures of Sir Good Food,” to provide nutrition education to children without having to use staff at each session to operate the puppets. (Nebraska WIC Program)
- Distribute in the waiting room coloring sheets depicting cultural/traditional foods for children to color and enter in a coloring contest with prizes awarded for the best in each age category. (Cherokee WIC Program, NC)
- Sponsor a “Kids Are Special People Health Fair” to teach nutrition to WIC children and their families through games, songs, and other activities as part of an annual county health fair. (Allegany County Health Department, MD)



Choosing Educational Formats and Materials

How you deliver the WIC nutrition education message depends a great deal on the interests, needs, and attitudes of your clientele. What works well with one group or individual might not work at all with another.

For example, clients from some cultures consider classes to be only for children and therefore embarrassing or undignified for an adult to attend. To be successful, you will want to find another format to provide education to those clients.

The next chapter contains more information on developing and/or selecting appropriate formats and materials.

Evaluating Counseling

Take time to evaluate whether your clients reach your objectives. Include in your evaluation how well you feel you communicated information to your clients. Did clients appear comfortable with you, i.e., did they relax in their chairs, smile, nod, respond? Did clients have opportunities to ask questions? Did clients display their learning in some form before leaving the session?

Try to check for understanding and provide feedback immediately after the education session with both individuals and groups. You can evaluate through questions answered by the client verbally or on paper, or through demonstration or simulation of the behavior while you observe. If termed "tests," written evaluations may be threatening to clients. However, some of the educational aids discussed in the

next chapter--such as games, word searches, question/answer boards, etc.--can be enjoyable evaluation tools for clients.

You can also evaluate at subsequent visits or appointments, e.g., medical, nutrition education, voucher issuance, or certification. The methods mentioned above along with self-reports of diet, anthropometric measures, and biochemical tests can also be used to help you evaluate how far clients have come towards achieving their objective(s).

Followup evaluations of a client's behavior(s) are important not only to check progress but also to determine if the goals remain realistic for that client or require modification to meet new needs.

Documenting the Counseling Process

Documentation is an important yet often slighted aspect of nutrition education. Documentation can provide:

- a way to let others know your assessment of the client's nutritional status
- a summary of the steps you and the client completed to promote positive change
- a history of the nutritional services provided to the client, so there will be continuity and reinforcement rather than a duplication of efforts
- protection for the educator should you ever need to show that you provided appropriate information to the client

Important points to include in your documentation are:

- assessment (What is the client's need or problem?)
- objectives for the client (What is the client expected to do?)
- information provided (What did you do for the client?)
- evaluation of learning (How was learning measured and how did the client do?)
- followup and referral if appropriate (What is needed next by this client?)
- your signature, title, and date

This documentation is particularly important for individual and high-risk counseling. It allows for continuity of care and prevents educators from giving out duplicate (or worse, contradictory) information and materials. However, for similar reasons, documentation of group sessions is also important. For group sessions the assessment, objectives, information, and evaluation may be based on characteristics of the group rather than on the individual.

Where and how you document the information is also important. When you document in a client's medical record, you are identifying yourself as a member of the health care team. In clinics where it is not practical to pull records for nutrition education sessions, develop other methods such as tracking cards, roster sheets, and computer forms to document what was done and later summarize it in the client's record.



REDWOOD/RENVILLE WIC HIGH RISK CARE PLAN

Name _____

Date _____

WOMEN

1. _____ Less than 18 years at conception
2. _____ Underweight (less than 10% weight for height)
3. _____ Medical condition
4. _____ Anemia (Hct. less than 33%)
5. _____ Hx. poor pregnancy outcome
6. _____ Hx. complications with previous pregnancy
7. _____ Low weight gain (no gain 1st trimester, less than 2 lbs./month 2nd and 3rd trimester)
8. _____ Overweight (greater than 20% weight for height)
9. _____ High weight gain (more than 10 lbs. 1st trimester, more than 7 lbs./month 2nd and 3rd trimester)
10. _____ Other _____

BREASTFEEDING WOMEN

1. _____ Difficulty breastfeeding
2. _____ Underweight (less than 10% expected weight/height)
3. _____ Anemia (Hematocrit less than 36%)
4. _____ Other _____

INFANTS/CHILDREN

1. _____ Growth failure
2. _____ Underweight (less than 5th percentile) (includes LBW infants under 5 lbs. 8 ozs.)
3. _____ Anemia (less than 32%)
4. _____ Feeding problem
5. _____ Medical problem
6. _____ Overweight (greater than 95 percentile)
7. _____ Limited parenting skills
8. _____ Other _____

NURSING PROGRESS NOTES

DATE	PROBLEM	GOAL	METHOD	EVALUATION

Taking Advantage of Informal Educational Opportunities

There are other opportunities to promote healthy habits with clients outside of formal education programs. You and other staff can take advantage of these chances to reinforce nutrition education messages. Reinforcement might include:

- Staff cheerfulness and enthusiasm when scheduling nutrition education appointments and when announcing a group session is about to begin - "WIC nutrition education is interesting and worth attending."
- Staff who respond attentively to a woman looking for a private area to breastfeed her baby - "We support breastfeeding mothers."
- Staff who set a positive example of health habits by having juice for a coffee break, walking to work, or not smoking - "We practice what we preach."

The best advertisement for your nutrition education, and the WIC Program in general, is an enthusiastic client. Your clients will learn from each other.



Advertising the Benefits of Nutrition Education

- Take advantage of newspaper articles, particularly those celebrating special events like the 10th anniversary of WIC, to include information that keeps the public reminded of the nutrition education benefits provided by WIC. (Allegany County Health Department, MD)
- Emphasize the nutrition education component of WIC in outreach letters developed for the local power company to send out as monthly bill inserts and for church newsletters. (Ely, NV)

Summary - Steps to Success

Successful nutrition education should include:

- active listening to clients in development, implementation, and evaluation of goals, methods, and materials
- concise specific information needed and wanted by the client
- use of suggestions rather than commands for change
- reinforcement for positive behavior
- verbal responses and feedback about a client's understanding
- appropriate educational strategies and materials as active stimuli to learning
- evaluation and followup
- documentation so that others will know what the client has done



THE

Navy Beans

Mung Beans

Lentils

WIC

Split Peas

Black-eyed Peas

Lima Beans

BEANERY

Black Beans

Baby Limas

Red Kidneys

Garbanos

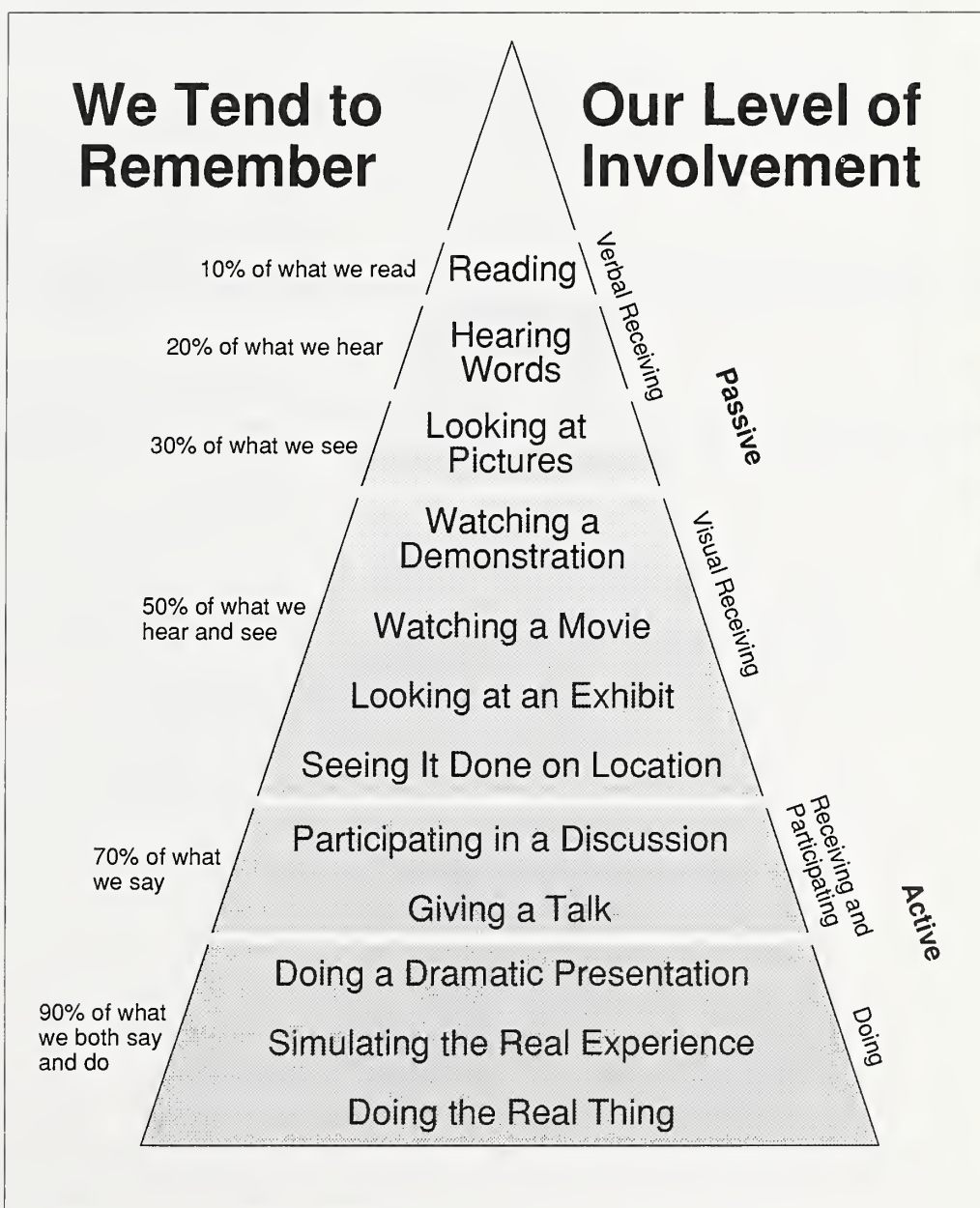
Split Peas

Great Northern

Pinto Beans

Selecting and/or Developing Educational Strategies and Aids

The “how” of delivering nutrition education messages is often a challenge to nutrition educators. As already mentioned, the strategies and educational aids you select and/or develop need to reflect the needs and interests of clients and support the achievement of clients’ objectives. The more the strategies and aids involve clients, the greater the chance they will remember the nutrition education message. The “cone of learning” figure below shows you how involvement relates to learning. Pretesting with clients can help assure that they will accept and understand what you develop or select.



Selecting the Appropriate Strategy

Educational strategies fall into three general categories: individual instruction, group instruction, and self-instruction. You need to consider the following advantages and disadvantages of each before deciding which to use:

Individual Instruction

- | | |
|---------------|---|
| Advantages | <ul style="list-style-type: none"> • individualized client attention • tailored suggestions • high degree of interaction with client |
| Disadvantages | <ul style="list-style-type: none"> • more time-consuming • no group support • greater need for privacy |

Group Instruction

- | | |
|---------------|--|
| Advantages | <ul style="list-style-type: none"> • more time-efficient • group interaction and support • less threatening to client |
| Disadvantages | <ul style="list-style-type: none"> • less tailoring of instructions • may require special, larger space |

Self-Instruction

- | | |
|---------------|--|
| Advantages | <ul style="list-style-type: none"> • individual learning pace • minimal educator time • immediate feedback to learner • can supplement information provided by educator |
| Disadvantages | <ul style="list-style-type: none"> • little educator/learner interaction • little opportunity for learner or educator to ask questions • may require a higher skill level on the part of the learner (e.g., literacy, equipment operation) • may require special equipment or space • may lack client referral and followup • may be difficult to develop successfully |

To the extent possible, choose the strategy that best fits the learning needs of your client.



Working With Groups

- Use situation cards with pregnant clients to encourage group discussion--A situation is read to the group and clients are asked to come up with as many suggestions as possible for what the woman in the situation could do to insure a healthy baby. (Texas WIC Program)
- Have a "Low-fat Recipe Contest" to encourage clients to apply the information presented in a series of three low-fat cookery classes. (Sixteenth Street WIC Project, WI)
- Create a grocery store setup for clients to "shop" for nutritious foods. (Winfield-Moody Health Center, IL, and Cortland County WIC Program, NY)
- Organize a "Rally to Promote Breastfeeding" to inform, motivate, and support mothers in their decision to breastfeed and to provide positive examples of breastfeeding clients, including a parade of the "WIC Breastfeeding Hall of Fame." (Children's Hospital National Medical Center, DC)

Developing/ Using Educational Aids

There is a wide variety of educational aids. You might consider ones like the following examples, which are ranged from lower to higher in cost:

lower cost

- objects (foods, cups, containers, infant dolls, puppets)
- printed material (pamphlets, flyers, newsletters, posters, booklets, recipes, games, coloring books, self-instructional workbooks or flipcharts)
- audiotapes
- visual aids (slides, filmstrips, overhead transparencies)
- audiovisual aids (slide tape, filmstrip tape)
- motion pictures (films, videos)



- computer software (programmed instruction)

higher cost



Using Educational Aids

Question/Answer Boards

- Cover the answers with paper that can be lifted by the participant. (Cortland County WIC Program, NY)
- Use boards that light up (Adams/Brown WIC Program, OH) and/or ring when the correct answer is chosen. (Florida WIC Program)

Food or Food Models

- Using the theme "Spice It Up," ask clients to identify spices and herbs on a table by smelling and/or tasting, with emphasis on how to use them instead of sugar, fat, and salt in recipes. (Knox County WIC Program, OH)
- In the waiting room, give clients paper food models categorized into envelopes representing the WIC target nutrients. Ask them to rank foods from good to poor sources of the specific nutrient to help them learn more about each nutrient category. (Warren County WIC Program, NY)
- Make "feely boxes and smelly jars" containing various foods to use with parents and children to get them interested and involved in a nutrition education session. (Yale New Haven Hospital WIC Program, CT)

Games

- WIC Jeopardy--Clients form two teams and select from a game board with categories, such as WIC foods, WIC vouchers, etc. The highest scoring team wins donated prizes. (Finger Lakes WIC Program, NY)
- The Price is Right--Clients try to guess the cost of various foods as they "come on down" to learn to budget their food dollars better. (Nutrition and Technical Services Division, FNS, USDA)

Paper Games and Puzzles

- Use Vitamin A crossword puzzle to help clients recognize good food sources of vitamin A. (Grayson County Health Department, TX)
- Use Stretching Your Food Dollars word search to reinforce information on thrifty food shopping. (Palm Beach County Public Health Unit, FL)



Using Educational Aids (Continued)

Written Materials

- Develop placemats, calendars, etc., that can be used at home to help remind clients of the nutrition education message. (Nutrition and Technical Services Division, FNS, USDA)
- Develop a desk-top flipchart, e.g., "Quick WIC," for use in basic nutrition education provided by paraprofessionals, using single concepts with large print and colorful pictures with cues to help the paraprofessional guide the discussion. (Anne Arundel County/Calvert County WIC Program, MD)

Television

- Sponsor a cooking demonstration jointly with the community college via television to offer nutrition information to WIC clients in their homes, with followup provided at the subsequent voucher issuance. (Allegany County Health Department, MD)

Low cost does not have to mean low quality. A simple, inexpensive aid developed locally may actually work better with your clients than a more expensive, commercially produced one. On the other hand, just because something is free does not mean it would be appropriate for your clients. For example, it may not be culturally relevant or it may advertise a product that conflicts with your educational goals.

Educational aids can enhance your teachings, but they cannot replace the interaction that goes on face to face between you and your client. When used effectively, these aids can add creativity and fun as well as reinforce your nutrition education message.

The aids you use should be consistent with your actual presentation and be tailored to meet the needs of your clients. One common problem with aids is that too much information is presented at one time. When clients are overloaded with information, they fail to get the central message. Showing only the part of the aid that emphasizes key concepts will reduce this information burden.

Before using any educational aid, evaluate it in terms of content and appropriateness for the target audience.

- How will your clients receive it?
- What kind of people are shown? Aids showing people with socioeconomic backgrounds and habits similar to those of your clientele generally have a more positive impact.

- Is the material designed for the reading level of most of the clients you are trying to reach? Illiteracy or low literacy can prevent clients from learning from materials written at an average literacy level.
- Does it present only several key concepts, or does it overwhelm the client with information?
- Are the recipes provided at a food demonstration easy to follow? Require minimum cooking utensils? Use common and inexpensive ingredients?
- Has your client learned the skills necessary to use the aid?

Even well-intended educational aids can have a negative impact on your clients if the aids foster feelings of resentment, incompetence, or poor self-esteem. Pretesting the aid with the target audience can help you uncover these feelings. The next section suggests ways to ask your clients for their reactions.



Example of pamphlet developed by Cornell University and adapted by a WIC agency for their specific client group (Pueblo of Zuni, NM)



Pretesting and Revising

Pretesting with a sample target audience will help you fine-tune your strategies, messages, and materials. It can also prevent you from wasting resources on efforts that will not be effective with your clients. Pretesting can be done by having clients give you feedback in one-on-one counseling sessions or in the waiting room. Clients can tell you their reactions through self-administered questionnaires. Focus groups can provide insight into the target audience's perceptions and responses to your educational message. Revisions should be done based on the feedback that you receive and periodically after that since technical information as well as the needs and interests of clients will change.

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Becoming a More Effective Nutrition Educator (and Staying That Way)

All nutrition educators need to assume the roles of helper and service provider to be effective with clients. These roles require that you be a good listener as well as empathetic, respectful, and genuine in your interactions with clients. There are also other important technical and administrative skills to develop and maintain in order to be an effective nutrition educator.

Building Up Your Skills

Technical skills let you make appropriate nutrition assessments and counseling decisions for your clients. Clients have different needs requiring a variety of approaches in order to be successful. To paraphrase Maslow, "If your only tool is a hammer, you will probably treat everything as if it were a nail."

The abilities to listen actively and communicate with clients are the foundations of good counseling. Listening and being attentive show your interest in the client and save you time. If you are planning your next response while your client is still speaking, you are not actively listening. You can be attentive verbally, nonverbally, and psychologically by:

Verbally

- Not interrupting a client while she is speaking.
- Using simple verbal encouragements.
- Allowing some silence for you and the client to collect thoughts.

Nonverbally

- Sitting and facing the client.
- Maintaining eye contact without staring.
- Smiling and nodding.
- Limiting unrelated activities (such as sipping coffee or doodling).

Psychologically

- Limiting external interruptions (phone calls, etc.).
- Maintaining privacy.
- Limiting internal distractions (mind wandering, mental lists).

As a helper and service provider, focus on the client's concerns and needs. First, take the time to listen to what she is saying and then convey trust, respect, empathy, honesty, acceptance, and commitment to the client. Here are a few characteristics of the successful nutrition education service provider:

- **Positive**— Reinforce the good and emphasize the benefits of change. Provide plenty of positive feedback.
- **Flexible**— Allow your clients to make choices in fitting the nutrition education they receive to their own lifestyle.

Taking Care of Yourself

- **Creative**— Involve the client. Find and use methods and activities that require client response or action during the session.
- **Selective**— Keep it simple! Do not overload your client with nonessential information. Reserve some time for reinforcement and for the client to talk, too.
- **Observant**— Pay attention to what clients communicate nonverbally as well as verbally. If the two seem inconsistent, there may be something they are trying to avoid or feel uncomfortable telling you.
- **Clear**— Use words that get the point across simply and clearly. Avoid technical jargon.
- **Incurably Optimistic**— Assume that clients want to do what is best for themselves and their children. View problems as challenges and opportunities to succeed.

Administrative skills are just as important as technical skills. Being able to plan, coordinate, prioritize, and schedule staff, clients, and resources effectively for nutrition education activities requires good management skills.

Good communication and management skills are not only essential with clients, but also with colleagues, supervisors, and subordinates. Active listening and clear communication promote team morale. Good planning and organization make everyone's job easier.

To maintain your effectiveness over time, it is important to take care of yourself. We all may experience "burnout" occasionally as a result of a variety of life's conditions; however, severe burnout can also result from a strong commitment to people. "Helping" professionals are more prone to burnout than most others. The results? Low morale and high turnover. Both can diminish the quality of services to clients. Some common signs of burnout are:

- continuous lack of enthusiasm about work
- enduring mental and physical fatigue
- decreased commitment to helping
- emotional detachment from clients and colleagues
- negative attitudes toward clients and colleagues
- sense of powerlessness
- increased absenteeism

By watching for these signs early and preventing them from becoming overwhelming, you can help ensure your own success and that of the WIC Program.



Self-Assessment Counseling Checklist

	<u>Yes</u>	<u>No</u>
Do you?		
Come prepared to the session	_____	_____
Introduce yourself	_____	_____
Explain purpose/length of visit; make sure they are acceptable to client	_____	_____
Determine participant's current knowledge and behaviors before beginning education	_____	_____
Use appropriate educational aids	_____	_____
Elicit and show consideration for participant's concerns	_____	_____
Show respect and avoid value judgments	_____	_____
Listen attentively allowing client to respond and ask questions	_____	_____
Limit interruptions	_____	_____
Ensure confidentiality	_____	_____
Ask open-ended questions	_____	_____
Use nonverbal cues to encourage client to continue	_____	_____
Maintain eye contact	_____	_____
Provide "need to know" information that is accurate and up to date	_____	_____
Use simple and clear language	_____	_____
Establish one or two behavioral objectives with client	_____	_____
Allow time for client to practice or simulate behavior	_____	_____
Spend minimum time writing; explain purpose of writing	_____	_____
Make appropriate referrals and plans for followup	_____	_____

(Adapted from **Counseling Evaluation Guide**,
Massachusetts WIC Program)

How can you prevent burnout from happening to you and fellow WIC staff?

- Identify personal strengths at work and in general. Find ways to use those strengths as often as possible. This increases job satisfaction.
- Get excited! Look for or create new and/or exciting opportunities at work. For example, develop a new educational aid or form, participate in a nutrition task force, join a professional association, or apply for a grant to increase client services.
- Develop a positive support system of colleagues or other professionals with whom you can vent your frustrations as well as share new ideas and solutions to problems.
- Network with other groups with shared interests in your clients. You may be surprised how insightful a third party may be about some of your client-related problems. Networking also provides you with helpful referrals and feedback.
- Continue your professional growth and encourage growth in other staff through inservice training, courses, conferences, or independent study.
- Avoid taking work home--both physically and emotionally.
- Periodically analyze your workflow for ways to reduce extra steps and to streamline the process.
- Consider ways of delegating some of your work to others.
- Look for opportunities outside of work to renew professional vigor, possibly outside of maternal and child nutrition. For example, volunteer at a health fair, or speak about nutrition at a community center or church. Besides raising your self-esteem, it might also open new career avenues.
- Find ways to give and receive positive feedback on work performance.
- Remind yourself of your successes. Keep visible pictures, notes, etc., of those you have helped.

All of these suggestions require some effort to put into action. The energy you expend on these efforts can help counteract stress and feelings of burnout.



Helping Staff Survive

- Set aside 2 hours per week per nutrition staff member for continued growth and development that could include professional reading, development of special projects, etc., to encourage professional growth and development, better use of resources, and prevention of staff "burnout." (Yale-New Haven Hospital WIC Program, CT)
- Organize staff retreats, luncheons, and "WICnics," and other opportunities for staff to interact and develop closer relationships. (Allegany County Health Department, MD)
- Establish "Personal Growth Plans" for staff members to motivate them to take an active role in increasing their job satisfaction and to inform supervisors/ managers of program and staff needs. (Iredell County Health Department, NC)
- Give personalized plaques to staff to express appreciation for their work. For example, "WIC Worked" - 1979-89 because Judy Richmond gave her outstanding leadership, dedication, patience, kindness, and love. (Allegany County Health Department, MD)
- Create a "Positive Actions" box to give staff recognition and enhance self-esteem by allowing staff to anonymously submit written praise for a positive action of a coworker that is then read at a staff meeting. (Texas WIC Program)
- Organize daily or weekly mental health breaks such as an exercise class or walking group. (USDA Western Region Office, CA)
- Recognize and celebrate important occasions such as staff birthdays, work anniversary dates, etc.
- Videotape focus groups of WIC clients talking about what they like about WIC nutrition education. Play it at staff meetings, at home, or at the end of a particularly bad day. (Carol Bryant, University of South Florida)

Working Through Others To Extend Your Services

A WIC clinic rarely has enough time to meet all the nutrition education needs of its clients. Most nutrition educators must develop a system that prioritizes clients according to their needs. This allows clients at the highest risk to receive indepth individual counseling from a nutritionist, while lower risk clients may be referred to another nutrition educator for counseling or group education.

Sometimes it is just impossible to delegate these nutrition education responsibilities to other WIC staff. However, you may be able to refer some clients to other health care providers, especially those in maternal and child health, and other nutrition education groups, e.g., Cooperative Extension Service and the Expanded Food and Nutrition Education Program (EFNEP), for help. You can also use college students and interns studying dietetics, home economics, nursing, health education, and so forth, as assistants. Ask them to develop an innovative lesson or educational aid as a fieldwork project.



Coordinating With Other Groups To Provide Nutrition Education

- Utilize EFNEP staff to develop a nutrition education display and nutrition question/answer each month to be used in the WIC clinic. (White Earth WIC Program, MN)
- Combine resources with the Cooperative Extension Service and jointly develop a newsletter for WIC participants with each county developing 1 month's theme that includes a newsletter draft, lesson plans, poster idea and/or tabletop display, and two questions to evaluate client learning. (Lake County WIC Program, FL)
- Contract with another nutrition education project to provide nutrition education to clients. NUTRA-ED, developed by a community services league for its own clients, consists of classes and demonstrations that engage the five senses--i.e., sight, touch, smell, feel, and taste--to teach nutrition. (Jackson County, MO)
- Recruit volunteers (retired teachers, homemakers, church members, and a few WIC mothers) to work on voucher issuance days to help the nutritionist with routine duties so that clients can have more nutrition education time. (Allegany County Health Department, MD)
- Use a dental hygienist to teach children and parents about dental health, fluoride, and healthy snacks. (Allegany County Health Department, MD)
- Prepare nutrition lessons to be taught at two of the "Baby Love" childbirth classes that are funded by expanded State Medicaid coverage for pregnant women. (Edgecomb County WIC Program, NC)
- Organize a "WIC Peer Support Network" to share information and provide support to new breastfeeding mothers in their first several weeks postpartum. (Waterbury WIC Program, CT)



Evaluating Success in Your Nutrition Education Program

Evaluating your program can:

- identify future needs,
- check progress and satisfaction during and after implementation,
- measure results/impacts of the education program, and
- provide feedback to staff/agency on program performance

Evaluation can be as informal as a verbal exchange between you and a client or as formal as a full-blown research study. Through evaluation, you can identify strengths and weaknesses in your program and increase the chances of success.

Identifying Types of Evaluation

There are two main types of evaluation. The first is **process** evaluation, which tells you how your program looks in operation and how it is going. You can look at the progress in carrying out your plans; whether you, other staff, and your clients are satisfied; and whether your education process has any problems. A simple example of a process evaluation would be to determine the number of clients coming in for secondary nutrition education sessions compared to expected numbers, previous numbers, or other data.

The second type of evaluation is **outcome** evaluation, which is done by comparison of a measurement before and after a session, activity, or time period, or by a treatment versus no-treatment comparison. From outcome evaluation, you can make judgments about the effectiveness of your program in achieving its goals and how well clients are achieving their own objectives. For example, you could find out how many women who received prenatal information on breastfeeding were actually breastfeeding after delivery.

Designing Evaluation

Here are some questions to ask when you are designing an evaluation:

What do I (or others) want to know more about?

Think about what questions your evaluation can really answer. You do not want to choose a question simply because it is easy to measure. Focus on areas that you and/or others could change to improve the process or outcome of your program.

Process evaluations seek to answer questions such as:

- **How** many pregnant women received an individualized care plan during their certification period?
- **How** does attendance at classes on general nutrition topics compare to attendance at classes on infant and child nutrition?
- **How** do clients view the nutrition education materials they receive?

Outcome evaluations try to answer questions such as:

- **Does** nutrition education increase the number of iron-rich foods in the diets of clients who were certified as being anemic?
- **Does** nutrition education improve the attitudes of WIC women about breastfeeding?
- **Does** WIC improve client knowledge about appropriate infant feeding practices?

How can I get the answer?

Choose the most efficient and simplest way to collect data, and make sure the data will answer your questions. For outcome evaluations, define:

- The criterion or objective to be measured in terms of who, what, and how much; for example, *“For the current year, at least 50 percent of WIC infants will start solids at 4 months of age or later.”*
- The sample on which data will be collected, for example, *“all infants or a subset of all infants.”*
- Baseline data, for example, *“Self-reported information from the previous year from caretakers of infants shows that 25 percent delayed solids until 4 months of age.”*
- Outcome data, for example, *“current self-reported information from caretakers of infants on the number that delayed solids.”*
- Evidence of participation, for example, *“Caretaker has received special WIC nutrition education on infant feeding.”*
- Analysis of data, for example, *“comparison of infant feeding practice from previous year with outcome infant feeding practice during current year.”*
- Expectation for results, for example, *“With increased emphasis on nutrition education, 50 percent of currently enrolled infants are delaying solids as compared with 25 percent last year.”*

How can I be sure the answer I get is valid?

Be careful in outcome evaluations when establishing causal relationships between your services and outcomes. Often the data will show that there is a relationship between a service and an outcome but will not tell you that the outcome was the result of the service. Development of a research design and application of statistical methods may be necessary to control for other variables that could be affecting the outcome or might be an alternative explanation for what you found. These “confounding” variables tend to relate to events

occurring outside the WIC clinic environment that affect clients and have the potential to distort your results if not taken into consideration. Confounding variables could include nutrition education that the client receives from other sources, participation in another special health care or nutrition program, clients' health practices that negate WIC benefits, and even television ads that clients are exposed to.

Do I need the help of an evaluation consultant?

Questions dealing with performance objectives and outcomes may require complex designs and analyses. These, in turn, may require the knowledge and objectivity of a consultant. A consultant can provide methodological and statistical expertise. You must provide the program expertise.

If you do decide to use a consultant, start working with that person early in the program development process so that he or she will understand objectives and can help design the method of data collection. Your consultant should also be willing to work with existing clinic constraints and deadlines.

In some cases, it may be more cost-effective to have the consultant train your existing staff to do the data collection and processing.

What resources are available for evaluation?

Be practical when designing your evaluation. Know what your evaluation will cost in terms of staff hours, consultants, data processing, printing, and materials. Compare those costs with your budget allowance. For example, if your resources will not stretch to a consultant, try simplifying your plan to meet current resources, find another agency with similar interests to cosponsor it, or postpone the costlier evaluation until you can afford it.

How soon do I want/need evaluation findings?

Process evaluations can be done in a short period of time; however, it takes time to complete a thorough outcome evaluation. You have to allow for time to implement your program, measure its effect on clients, analyze the data, and report the findings. Generally, less time is needed to evaluate changes in knowledge than changes in health status.

Collecting Data

Collecting good data is crucial to a good evaluation. Keep in mind the adage “garbage in, garbage out.” You need to identify the minimum amount of data needed to answer your evaluation question(s) so that you do not waste resources collecting more information than you will use. Also, check whether anyone else is already collecting the same information.

Data can be collected in several ways. You may be able to take advantage of records already available in your clinic to extract data. You can also do direct observations or measures yourself to get the data that you need. Finally, you can use self-reported measures of what clients say they had, did, or thought.



Using Available Data for Evaluation

The Wisconsin State WIC Program sends each local agency a quarterly report that identifies the percentages, State means, and one standard deviation from the State means for the following categories:

- infants who are breastfed at least 1 month
- infants who do not receive solid foods until 4 months of age
- infants and children certified with a low hematocrit who improve at the recertification appointment
- low-birth-weight infants born to WIC mothers
- pregnant women who report that they smoke
- pregnant women who report that they drink

The information is used by the local agency to identify problem areas that might be addressed through nutrition education, as well as to evaluate nutrition education efforts. The State agency uses the information to monitor and provide technical assistance to local agencies.

You should consider the following related to your measurements:

Reliability

- Is the measurement done consistently each time on each client?
- To what degree can it be repeated over time, producing the same results (if the client remains the same)?

Validity

- Does it measure what it was intended to measure, e.g., change in knowledge, behavior, health status, etc.?

Usefulness

- Does it provide the information necessary for evaluating the process, outcome, and so on that you are interested in?

Feasibility

- Realistically, can you and/or other staff collect this data?

Cost

- What will it cost to do this measure? You will usually have some tradeoffs between cost and other criteria. But remember that just because a measure is cheap to use does not mean it is the appropriate measure to tell you what you want to know.

Measures can be either **quantitative** or **qualitative**. Quantitative measures produce figures, such as number of women breastfeeding, amount of weight gain, percentage of missed appointments, number of group sessions offered, test scores, and so forth.

Qualitative measures produce information about such things as client reactions or feelings about this program. This information is gathered through interviews, observations, or case studies. However, it is possible to have feelings or reactions quantified as well. Qualitative data can give more meaning to quantitative data.

Defining Success

Success is accomplishing your goals. In this case, it is helping clients move in a positive direction towards specified nutritional practices and status. As previously mentioned, short-term participation in a program cannot be expected to yield long-term goals (e.g., improved health status).

Failure to find or identify the effects of a program may result from:

- the influence of factors beyond your control, such as lack of access to medical care
- choosing success indicators that are not easily changed over a short period of time, such as reduction of obesity or of baby bottle tooth decay

A program should not be judged ineffective because it has not yielded immediate changes in a client's nutritional status. It may still be very effective at changing knowledge, attitudes, and some behavior. By looking at specific incremental changes, e.g., "number of clients who have improved their inadequate diet by adding one, two, or three servings to lacking food groups," rather than global end points, e.g., "number of clients who no longer have an inadequate diet," you can begin to see the degree of effectiveness of your program.

Reporting Results

Before sharing your evaluation results with others, you will need to make sure that any conclusions drawn are well supported, i.e., the results can be attributed to your program and not to some other variable. When reporting results:

- Know the audience to whom you are reporting.
- Write the report in a format that will be clear and familiar to them. Scientific groups usually want more detailed information on methodology and results. Policymakers and administrators may prefer a summary of results and implications of findings.
- Share your results with other programs (WIC and non-WIC) by submitting articles to journals, newsletters, etc.
- Report any negative findings along with the positive. Negative findings can help identify areas where improvements can be made. They should not be ignored or viewed as failures of your program or staff.

CONCLUSION

Nutrition education is a major benefit of the WIC Program. How well you “market” this benefit will determine the success of your WIC nutrition education program. Take time to plan, implement, evaluate, and modify educational strategies to best match the needs of your clients with your program’s benefits and resources. Make nutrition education a positive, worthwhile experience for you and your clients.



Suggested References for Further Reading

Marketing Approaches to Nutrition Education

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